

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014975

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

38 Primary Registration District No. 3006

Registrar's No. 320

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006
FILED MAY 6 1963

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia	
Length of stay in 1b 4 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital		d. STREET ADDRESS # 12 Rainbow Village	
3. NAME OF DECEASED (Type or print) First Roy Middle Jackson Last Winn		4. DATE OF DEATH Month 5 Day 1 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/12/1910
9. AGE (last birthday) 52		10. IF UNDER 1 YEAR Months 3 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Ways Incorporated		10b. KIND OF BUSINESS OR INDUSTRY Trucker	
11. BIRTHPLACE (City and state or country) Boone County Hospital		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Albert J. Winn		13b. MOTHER'S MAIDEN NAME Etta Bowman (Winn)	
14. NAME OF HUSBAND OR WIFE Nola Winn		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT Wilkes		17. ADDRESS Jack Winn 909 Blvd Columbia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Pressure DUE TO (b) Glioblastoma Multiforme DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 mos. 1 yr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE 	
21. I attended the deceased from MARCH 10, 1963 to 1 May 63 and last saw her alive on 30 April 63 Death occurred at 1:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James Cunningham M.D.		22b. ADDRESS 1009 Cherry, Columbia	
22c. DATE SIGNED 1 May 63		22d. SIGNATURE Mrs R E Palmer	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/3/1963	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23d. LOCATION (City, town, or county) Columbia, Missouri		23e. DATE RECD. BY LOCAL REG. May 2 1963	
24. FUNERAL DIRECTOR Lyman Sprinkle		25. ADDRESS Columbia, Mo.	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0109

2 0109

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USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 8 1963

MAY 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Lyman H. Sprinkle

Licensed Embalmer No. 4030

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.